

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1	1	1		51			
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
19					69				
20					70				
21					71				
22					72				
23					73				
24					74				
25					75				
26					76				
27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.					TOTAL IND.				
TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS					TOTAL CLAIMS				